

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

RECEIVED  
FEDERAL  
ELECTIONS CENTER

2007 JAN 29 A 11:37

Office use only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines

12FE4M5

Huckabee for President Exploratory Committee, Inc.

ADDRESS (number and street)

Post Office Box 2008

☐

(Check if address  
is changed)

Little Rock

AR

72203

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

webmaster@ExploreHuckabee.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ExploreHuckabee.com

COMMITTEE'S FAX NUMBER

2. DATE

MM  
01

DD  
29

YYYY  
2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Bryan Jeffrey

Signature of Treasurer

Electronically Filed by

Bryan Jeffrey

Date

MM  
01

DD  
29

YYYY  
2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Mike Huckabee

Candidate  
Party Affiliation

REP

Office  
Sought:☐

House

☐

Senate

☒

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

27039360600

Write or Type Committee Name

**Huckabee for President Exploratory Committee, Inc.**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Bryan Jeffrey**

Mailing Address **11300 Cantrell Road**

**Suite 301**

**Little Rock AR 72210**

Title or Position **Treasurer** CITY **AR** STATE **72210** ZIP CODE **501 227 5800**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Bryan Jeffrey**

Mailing Address **11300 Cantrell Road**

**Suite 301**

**Little Rock AR 72210**

Title or Position **Treasurer** CITY **AR** STATE **72210** ZIP CODE **501 227 5800**

Telephone number

Full Name of Designated Agent **Cale Turner**

Mailing Address **11300 Cantrell Road**

**Suite 301**

**Little Rock AR 72210**

Title or Position **Assistant Treasurer** CITY **AR** STATE **72210** ZIP CODE **501 227 5800**

Telephone number

270339360601

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Delta Trust and Bank

Mailing Address

11700 Cantrell Road

Little Rock

AR

72222

CITY ^

STATE ^

ZIP CODE ^

27039360002

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Twin City Bank

Mailing Address

PO Box 16270

North Little Rock

AR

72231

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

27039360603

## Designated Agent

[ ADDITIONAL ]

Full Name	Lisa Lisker		
Mailing Address	228 S. Washington St., Ste. 115		
	Alexandria	VA	22314
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		703	549 7705
	Telephone number		

27039360604

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 1/29/07
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER

1/29/07  
DATE PREPARED

(3/2005)

27039360605